

PRR-19-00147 040168401-1



City of Hermosa Beach
 1315 Valley Drive, Hermosa Beach, CA 90254
 310.318-0203 - Fax 310.372-6186



Received By: T. Hudson
 Referred To: Comm Development
 Date Referred: 10/15/19

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney-client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print)	ERIC HOBBS LEXISNEXIS CLAIMS SOLUTIONS INC.	Email:	cru.incoming@lexisnexisrisk.com
Address:	P.O.BOX 740167	Phone:	(678)924-4900 FAX (678)924-4901
City:	ATLANTA, GA 30374-0167	Fax:	

Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) Submit all requests to the City Clerk's Office.

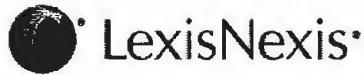
Fire Building 6/13/19
 820 THE STRAND
 PUI YU
 PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

Photocopies are \$0.10 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. Accepted method of payment: Cash or check. Credit card accepted in person only.

Eric Hobbs 10/7/19
 Signature Date

For Departmental Use Only:			
Action Requested:	Action Taken:	By _____	Date _____
<input type="checkbox"/> Review Only	<input type="checkbox"/> Document Reviewed	<input type="checkbox"/> Non-Existent Document	
<input type="checkbox"/> Copies Requested	<input type="checkbox"/> Copies Provided	<input type="checkbox"/> Other (Please Explain) _____	
<input type="checkbox"/> Refusal/Reason _____			
For City Clerk's Use Only:			
Date Requestor Notified _____	Notified By: _____	Date Picked Up or Mailed _____	



821911561

5.879

P.O.BOX 740167
ATLANTA,GA 30374-0167
(678)924-4900 FAX (678)924-4901

PAY

**REQUEST COPY
ONLY**

Attention Records Dept.:

Please help us by returning our Control Copy with the report. Thank you.

TO THE
ORDER
OF**COPY**

DATE

AMOUNT

VOIDVOID**VOID**
VOIDVOID**VOID**
VOIDVOID**VOID**

AUTHORIZED SIGNATURE

10/7/19



OUR NUMBER 821911561

REPORT REQUEST**POLICE RECORDS
PLEASE RESPOND HERE** Report Attached

Report Cost \$

Number of Pages
(including this sheet) Unable to Locate Report with info provided Loss location not in our Jurisdiction

Suggest You Try _____

 No Report Written - Log entry only Not Releasable / Not Ready _____ Comments & Suggestions _____**LOCATION OF LOSS**

820 THE STRAND

City HERMOSA BEACH County _____ LOS ANGELES State CA

Additional Information PLEASE SEND REPORT FOR FIRE THAT ORIGINATED AT 808 STRAND.

VEHICLE INFO**DRIVERS or VICTIMS INFO**

Car Tag # _____ State _____

Insured Party PUI

W YU

Make _____ Year _____

DOB _____ SS# _____

VIN _____

Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?**HERMOSA BEACH FD**

Driver #2 _____

Driver #3 _____

LexisNexis Client ID 5795

Division 039S

Claim # 040168401-1
Internal Codes

Claims Adjuster

N0185665

**TRAN: 821911561**

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9/

HB_AD0000924